

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FIGHT FOR TOMORROW</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00549279		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span>			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>KMAJ 1440 AM</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>		
Mailing Address Cumulus Broadcasting 825 S Kansas Ave			Amount <b>807.00</b>		
City State Zip Code Topeka KS 66612		Transaction ID : <b>SE.6966</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>			
Purpose of Expenditure Advertising Air Time		Category/Type			
Name of Federal Candidate MILTON WOLF			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <b>KS</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>KMBZ Radio</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>		
Mailing Address 7000 Squibb Rd			Amount <b>5355.00</b>		
City State Zip Code Mission KS 66202		Transaction ID : <b>SE.6965</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>			
Purpose of Expenditure Advertising Air Time		Category/Type			
Name of Federal Candidate MILTON WOLF			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <b>KS</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>6162.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>MATT L MACKOWIAK</b>			Date <b>07 / 29 / 2014</b> <i>[Electronically Filed]</i>		

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Form/Schedule: F24N  
Transaction ID :

runs 7/28-7/30

Form/Schedule:  
Transaction ID:

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>FIGHT FOR TOMORROW</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00549279	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>KNSS Radio</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>	
Mailing Address 2120 N Woodlawn Ste 352		Amount 1708.50	
City Wichita	State KS	Zip Code 67209	Transaction ID : <b>SE.6964</b>
Purpose of Expenditure Advertising Air Time	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>	
Name of Federal Candidate MILTON WOLF		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Mister Smith Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>	
Mailing Address 2004 Lake Forest Dr		Amount 500.00	
City Tega Cay	State SC	Zip Code 29708	Transaction ID : <b>SE.6963</b>
Purpose of Expenditure Creative Consulting and Production Services	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
Name of Federal Candidate MILTON WOLF		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2208.50
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	8370.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MATT L MACKOWIAK

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 29 / 2014**

Signature